**Over the Moon Doula Contract**

**Payment**

Fees for the services are described here: **$40.00/hour** for a total of \_\_\_\_\_\_\_\_\_\_\_ hours a week for \_\_\_\_\_\_\_\_\_\_\_weeks. I agree to pay a **reservation payment fee** equal to **the last two weeks of the contract** which is due upon contract signing. I understand this fee will cover payment during my last two weeks of contracted care with Over the Moon Doula. I agree to pay Over the Moon Doula via cash, personal check, PayPal, Venmo or Square Cash **on Friday of each week.** Over the Moon Doula will send me weekly invoices on the last day of care each week.

**Session Minimums and Maximums**

The minimum length of a session is **4 hours,** the maximum length is **8 hours.** The sessions will take place between the hours of **8:00 am – 8:00 pm.** **Minimum** of 1 session per week. **Maximum** of 5 sessions per week. Sessions must take place **Monday through Friday**. I understand that if I ask Karah Robinson to stay past a scheduled session time I may owe payment for that extra time. If a planned session goes more than 15 minutes past the scheduled end time, I understand that I will be charged $20.00. If a planned session goes more than 30 minutes past the scheduled end time, I understand I will be charged $40.00.

**Convenience Cancellation Clause**

I understand that **if I cancel a planned session** with Over the Moon Doula,due to illness, vacation, family visitation, outside appointments, or housing relocation, **I will still owe payment for the cancelled session(s)** unless a make-up session(s) can be scheduled that same week**.** If Over the Moon Doula cancels a planned session**,** Karah Robinson will **forgo payment;** she will also be responsible for either scheduling a make-up session(s) or finding a backup doula if needed and the backup doula will receive payment. If I decide to **back out/cancel/shorten this contract after signing, I understand I will forfeit the reservation payment fee.** If Over the Moon Doula cancels the contract at any time after signing, **the reservation payment fee will be reimbursed to the client(s) within 14 days of cancellation.**

**Cause Cancellation Clause**

I understand that if I experience an **emergency situation: a death in the family, a medical emergency or hospitalization**, the cancelled sessions **will** **not** be owed to Over the Moon Doula**. I understand that I will forfeit the reservation payment fee upon cancellation of the contract**.

**Loss Cancellation Clause**

In the unfortunate event that the client(s) **experiences a pregnancy loss, stillbirth or loss of the infant(s) after birth, the reservation payment fee will be reimbursed in full to the client(s) within 14 days of reported loss.**

**Scope of Practice**

I understand Karah Robinson’s role during the postpartum process. Over the Moon Doula **will not** perform any tasks outside of this contract, such as diagnosing medical issues, performing procedures or prescribing any medications, and I will not ask her to. The doula will not administer any medication to the infant(s) without at least one parent present. The doula will acknowledge if a task/situation is out of scope of practice and refer the client(s) to a trained and certified professional in that particular field. **Clients hold the right to terminate care at any time if Karah Robinson violates the Scope of Practice.**

Over the Moon Doula can provide assistance with the following services: **lactation support and advice, child care for older siblings, meal planning/preparation/cooking, postpartum nutritional guidance, laundry, cleaning bottles and pump parts, washing dishes, swaddling, diaper and clothing changes, bathing, feeding (bottle or syringe/SNS), burping, soothing techniques, baby-wearing, infant development and postpartum education, referrals for postpartum health services.**

Over the Moon Doula **will not** preform the following tasks: **act as a transportation system, run errands outside of the home (i.e. grocery shopping), clean floors/bathrooms, take out garbage/recycling/compost, clean animal stool, handle plants/flowers or yard work.**

**Newborn Care Clause**

The newborn stage occurs during the first 12 weeks (3 months) after birth. During this period of time, Over the Moon Doula will not support any methodology which either puts the newborn at risk of “failure to thrive” or is not developmentally appropriate. Over the Moon Doula will neither encourage nor participate in sleep training an infant before the age of 6 months. Over the Moon Doula does not support the Cry-It-Out (CIO) Method or the Babywise Method as these practices have been connected with “failure to thrive”.

**Contract Extensions**

If I choose to extend the stated contract with Over the Moon Doula, **I agree to give a minimum notice of 21 days** before the end of the current contract. At that time, if Karah Robinson’s availability allows for an extension, a new contract will be drafted and signed.

I have read this letter of agreement describing Over the Moon Doula’s services and agree that it reflects the discussions that I have had with Karah Robinson. All questions have been answered to my satisfaction. I agree to the terms of services and payment of fees outlined above.

**Client Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postpartum Doula’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postpartum Doula’s Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Due Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reservation Payment Fee**\_\_**$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_